

471-000-509 Nebraska Medicaid Home Health Agency Fee Schedule

PROCEDURE CODE	DESCRIPTION	MEDICAID ALLOWABLE
<u>Visits:</u>		
G0151	Services of physical therapist, in home health setting, each 15 minutes	1– 8 units: \$ 91.43
G0152	Services of occupational therapist, in home health setting, each 15 minutes	1– 8 units: \$ 91.43
G0153	Services of speech therapist, in home health setting, each 15 minutes	1– 8 units: \$ 91.43
G0154 TD	Services of skilled nurse in home health setting, each 15 minutes	1– 8 units: \$ 78.73
G0154 TE	Services of skilled nurse, in home health setting, each 15 minutes	1– 8 units:\$ 78.73
G0156	Services of home health aide, in home health setting, each 15 minutes	1– 8 units: \$ 48.63
<u>Extended Hours (Shift Work):</u>		
S9123	Nursing care, in the home; by registered nurse, per hour	\$32.02
S9124	Nursing care, in the home; by licensed practical nurse, per hour	\$ 21.91
S9122	Home health aide or certified nursing assistant, providing care in the home; per hour	\$ 19.90
<u>High Tech Extended Hours (Shift Work):</u>		
S9123 TG	Nursing care, in the home; by registered nurse, per hour	\$ 38.58
S9124 TG	Nursing care, in the home; by licensed practical nurse, per hour	\$ 27.71
<u>In-Home Ventilator Care:</u>		
T1022 TG	Contracted home health agency services, all services provided under contract, per day. For persons age 21 and older	\$687.21
<u>Skilled Nursing Cap</u> Per diem reimbursement for all other in-home nursing service Shall not exceed the average case-mix per diem for the Extensive Special Care 2 case. For persons age 21 and older.		\$230.35
<u>Contract:</u>		
T1022	Contracted home health agency services, all services provided under contract, per day	\$101.00